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CCNS-Adult

Certified Clinical Nurse Specialist Certification Exam

Version 6.0

QUESTIONS & ANSWERS

DEMO VERSION

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Question 1. (Single Select)

Which of the following patients is at most risk for developing an abdominal aortic aneurysm?

A: A 75-year-old female smoker with hypertension, well-controlled with medication
B: A 51-year-old male, non-smoker, with elevated LDL cholesterol
C: A 7 g-year-old male smoker with hypertension. hypercholesterolemia. and COPD
D: A 62-year-old male smoker with no chronic medical problems

Answer: C

Explanation:

The 79-year-old male smoker with hypertension, hypercholesterolemia, and COPD is at highest risk for developing an abdominal aortic aneurysm. Being of older age and male are the biggest risk factors to developing an abdominal aortic aneurysm. Other risk factors include hypertension, COPD. smoking, and peripheral arterial disease.

Question 2. (Single Select)

The EKG changes that are seen with severe hyperkalemia include:

A: Absent P waves, A prolonged PR segment, ST depression, and inverted T waves
B: Prolonged QRS, a bundle branch block, sinus bradycardia, and a sine wave
C: Sinus tachycardia rhythm with ST segment elevation
D: Irregular rhythm with rate usually >120 and inverted T waves

Answer: B

Explanation:

Severe hyperkalemia is classified as a serum potassium level >7 mEq/L When the potassium level is slightly elevated, tall and peaked T waves can be seen on EKG. As this worsens, the PR segment becomes
longer, and the P waves eventually disappear. Once severe, the changes listed (prolonged QRS, a bundle

branch
block, sinus bradycardia, and a sine wave) are present on EKG. If this continues to worsen. it will result in cardiac arrest.

Question 3. (Single Select)

An elderly female patient has a nasogastric drain. The results of her arterial blood gases are as follows: pH 7.5, HCO_3 31, pCO_2 37. Based on these values, which acid-base disorder has this patient developed?

A: Respiratory alkalosis
B: Respiratory acidosis
C: Metabolic alkalosis
D: Metabolic acidosis

Answer: C

Explanation:
Metabolic alkalosis will cause the arterial blood pH and bicarbonate levels to increase (normal bicarbonate range is 22-30 mEq/L). Conversely, metabolic acidosis will cause arterial pH and bicarbonate levels to decrease. Respiratory acidosis will increase the arterial carbon dioxide level while decreasing the PH,
and respiratory alkalosis will have the opposite results with a decrease in CO2 level and an increased PH.

Question 4. (Single Select)

The T-score the AGCNS would expect to see on the DEXA scan of an osteopenic female is:

A: Less than -2.5
B: -2.5 to -1.0
C: -1.0 to 1.0
D: 1.0 to 2.0

Answer: B

Explanation:

The T-score is the measure used with bone densitometry, or DEXA scans to determine whether someone has adequate bone density, if they are osteopenic, or if they have osteoporosis. A T -score -1.0 or higher is considered normal. A T-score of -2.5 through -1.0 indicates osteopenia is present. A T-score below -

2.5 indicates osteoporosis.

Question 5. (Single Select)

An AGCNS would expect the results of a pulmonary function test (PFT) in an asthmatic patient to be:

A:

FEV_1 90%, FVC 92%, FEV_1/FVC 97%

B:

FEV_1 70%, FVC 83%, FEV_1/FVC 84%

C:

FEV_1 94%, FVC 90%, FEV_1/FVC 100%

D:

FEV_1 89%, FVC 84%, FEV_1/FVC 104%

Answer: B

FEV_1 70%, FVC 83%, FEV_1/FVC 84%

Explanation:

FEV_1 70%, FVC 83%, and FEV_1/FVC 84% indicates asthma. The FEV_1 is the amount of air that can be exhaled within the first second after inhaling the maximum amount of air a person can inhale (the FVC). The normal range for the FEV_1 and the FVC is 80-120%. The FEV_1/FVC ratio is calculated and should be about 85%. A decrease in FEV_1 and the FEV_1/FVC ratio indicates asthma as a diagnosis.

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